



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
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FLEXIBLE HOME PACKAGE POLICY PROPOSAL FORM

NAME OF PROPOSER.....
ADDRESS OF PROPOSER.....
PHONE.....FAX.....E-MAIL.....
OCCUPATION OR PROFESSION.....NATIONALITY.....
(If not Ghanaian)

DETAILS OF PROPERTY TO BE INSURED:

(a) Situation of Property

(b) Construction: (Tick where applicable)

- Built with: a) Sandcrete blocks
 b) Concrete blocks
 c) Land Crete
 d) Other
- Roofed with: a) Aluminium corrugated sheet
 b) Asbestos sheet
 c) Concrete tiles
 d) Fiber glass
 e) Detal roofing sheet

SECTION 1: FIRE & ALLIED PERILS

Allied Perils comprises of : Fire, Impact, Aircraft and/or Article dropped there from, Explosion, Windstorm, Hurricane, Cyclone & Tornado, Bursting or overflowing of water pipes, apparatus and the like , Food , Earthquake, Riots & Strike, Civil Commotion and Malicious Damage.

<u>PROPERTY</u>	<u>SUM INSURED</u>
i) Building (s)
ii) Content s/Household Goods & Personal Effects
iii) Specially Declared Item(s)

(These consist of items with worth over GH¢500.00 each. Please attach a separate list)

SECTION 2: RENT

(i) Sum Insured per month for a period of Six (6) Months

SECTION 3: BURGLARY

1. Is the above residence (a) Detached (b) Semi-Detached (c) Flats/Apartments.....
2. Are you the sole occupier?
3. What is the nature of the Locks
4. Are the Locks, Bolts and Fastenings in good state of repair?.....
5. Does someone occupy the premises during the daytime?
6. Have you ever suffered loss or damage by Burglary, Housebreaking or Theft?.....
If so, give details mentioning what precautions have been taken to avoid recurrence.

SECTION 4: JEWELRY & OTHER VALUABLES-IN-SAFE

- (a) Give a short description and particulars of Jewellery and valuables to be insured.....
- (b) State value(s): (a) Jewellery.....(b) Valuables.....
- (c) Give Particulars of safe, dimensions and maker’s name, age, cost and whether marked “Thief Resisting”
- (d) Give any other information in your possession material to the estimate of the risk to be insured

SECTION 5: PLATE GLASS

- (a) Are framed-glass panes covering the house.....
If yes state the following:
 - Value:.....
 - Make/Type..... (Tinted or Plain Glass)

SECTION 6: PERSONAL LIABILITY

Personal Liability of the insured for accidents to members of the general public anywhere in Ghana

Limit of Liability

SECTION 7: FAMILY PERSONAL ACCIDENT

(a) PERSONS TO BE INSURED (HOUSEHOLD)

No.	Name	Age	Benefits Payable	
			Capital Sum Insured	Extra Medical Expenses
a.	Husband			
b.	Wife			

(b)

No.	Children's Name(s)	Age	Benefits Payable		
			Sum Insured for Death	Sum Insured Permanent Disability	Extra Medical Expenses
a.					
b.					
c.					
d.					

(c)

No.	Name(s)	Age	Benefits Payable		
			Sum Insured for Death	Sum Insured Permanent Disability	Extra Medical Expenses
a.					
b.					
c.					

SECTION 8: MOTOR VEHICLE (S) (Third Party Insured Vehicles Only)

Please provide the following:

The owner of the vehicles and in whose name is registered?.....

- (a) The Registration Number of Vehicle(s).....
- (b) The Make of Vehicle and Type of Body.....
- (c) The Year of Manufacture.....
- (d) The Engine and Chassis No.....
- (e) Value of the Vehicle.....
- (f) Value of sound systems if any.....
- (g) Is the Vehicle parked in a Garage (If not, please indicate where it is parked).....
- (h) Is the Vehicle(s) fitted with a Burglary Alarm?

GENERAL INFORMATION

- 1. Have you ever suffers any loss or damage by Fire or any other peril, Burglary, Housebreaking or Theft. If so, give details.....
- 2. Is there any other Insurance on the property being insured?
- 3. Has any previous request for insurance been declined?.....
- 4. Is the property(ies) being insured been Mortgaged? If yes give Name and Address of Mortgagee
.....

DECLARATION

I want to warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the contract between me and SIC INSURANCE COMPANY LIMITED and I am willing to accept a policy subject to Terms prescribed by the Company therein, and to pay the premiums thereon.

Date.....

Signature of Proposer.....

Agency.....

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company.